

WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
of the
Principal School Medical Officer
for the
YEAR 1969

D. A. McCRACKEN, O. St. J., M.D., D.P.H.
Principal School Medical Officer

WEST SUFFOLK COUNTY COUNCIL

EDUCATION COMMITTEE

Telephone No:
Bury St. Edmunds 2281.



Manor House,
Bury St. Edmunds.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the school health service for the year 1969. The continued increase in demands for education resulting from an increased population resulting from natural growth and expansion, is being adequately met by the provision of new buildings. The increasing use of the computer is already showing that the rate of immunisation being carried out by family doctors and by our own departmental medical officers is beginning to bear fruit at the time of writing this report. It now appears quite clear that as soon as the future of the school health department is finally settled that much more use will be made of the information arising from the registration of all children born in the county or transferred into the county become available. The more systematic recording of infants born with congenital defects and their follow-up through computer records will do much in the future to identify children when they arrive in school who require special care or education. It should then be possible to decide if the children "at risk" are showing any evidence of handicap. Children with relevant handicaps will then be followed-up at intervals during their school life. This aspect of preventive medicine is being most adequately supervised by Dr. A. M. Lush, the Deputy Principal School Medical Officer who has taken a great interest in the children "at risk" and their supervision by medical and nursing staff in the community.

The development of a health education section in the health department has been in continuous demand from the schools who ask and receive much help in arranging health education programmes. This aspect of preventive medicine requires further development in the community as well as in the schools. One particular topic which cannot be over-emphasised is the great need to encourage dental hygiene throughout the community but it is still somewhat disappointing that no definite decision is as yet forthcoming from the water boards regarding the adjustment of fluorine content of the public water supplies. The work of the health education officer, whilst it is closely integrated with the schools, owes much of its success to the co-operation which exists between the head teachers and the health education officer.

I wish to acknowledge the help which has been given over many years by the senior school health administrative clerk, Mrs. Wells Gardener who is soon to retire from the department. I am sure the Education Committee and their predecessors wish her well and thank her for her continued work and loyalty to the committee and the officers of the education office.

Finally I wish to acknowledge with grateful thanks the continued co-operation of all my colleagues in the education and medical fields and the support which has always been manifest from the Chairman and Members of the School Welfare Committee now to be called the Welfare and General Purposes Sub-Committee.

I have the honour to be,

Your obedient Servant,

DAVID ANDREW McCracken

2nd October, 1970.

Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer	D. A. McCracken, M.D., Ch.B., D.P.H.
Deputy Principal School Medical Officer	A. M. Lush, M.R.C.S., L.R.C.P., D.P.H., (R.C.P.I.) D.(Obst.) R.C.O.G., D.P.H. (from 1.1.69)
Senior Medical Officer	D. M. Walker, M.B., Ch.B., (from 3.3.69)
School Medical Officers	P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H., E. Kinnear, M.B., Ch.B., D.P.H. J. R. M. Murdoch, (from 1.1.69 – 17.9.69) L. B. Gonzalez, M.B., Ch.B., D.P.H.
Principal School Dental Officer	S. H. Pollard, L.D.S.
Dental Officers	J. Deward, L.D.S. (part-time) (to 31.12.69) Col. E. Ferguson, M.B.E., L.D.S. Mrs. S. Tribe, B.D.S., L.D.S. (to 31.7.69) W. L. Norman, L.R.A.M., L.D.S., R.C.S.(part-time) G. T. Green, B.D.S., L.D.S., K.C.S. (from 31.11.69) Mrs. M. Roy, L.D.S., (from 13.10.69) (part-time)
Principal Nursing Officer	Miss O. E. Payne, S.R.N., S.C.M., Q.N., H.V.Cert. (to 29.7.69)
Superintendent School Nurse/Health Visitor	Miss V. M. Hird, S.R.N., S.C.M., Q.N., H.V.Cert.(from 1.8.69) Miss M. M. Ward, S.R.N., S.C.M., H.V.Cert.
School Nurses, etc. (as on 31.12.69)	One School Nurse, (part-time) 24 School Nurse/Health Visitors, (one part-time) and four dental surgery assistants (one part-time)
Speech Therapists	Miss B. M. Elton, L.C.S.T. Mrs. J. B. Easdown, L.C.S.T. (to 31.3.69) Miss L. Lippiard, L.C.S.T.
Health Education Officer	Miss V. Blanchard (from 1.1.69)
Administrative Officer	E. White

Population and Types of Schools.

The County of West Suffolk has an area of 390,916 acres. The estimated population at mid-1969 was 163,760. There are no county boroughs within the county. In September 1969 there were 122 maintained schools in the county. Of the 18 secondary schools, four were grammar schools, one bilateral and thirteen were secondary modern, containing in all 8,837 pupils.

The 105 primary schools contained 14,752 pupils. The total maintained school population was therefore 23,589.

Medical Inspection.

At primary schools, the policy of selective medical inspection was continued. This has led to shorter but more frequent visits to schools, with the larger schools being visited at least once a term. The system is also more flexible, so that extra visits can be made when the headmaster has a particular problem and greater time can be spent on individual handicapped children.

Routine vision testing at junior schools by the school nurse has continued for the age groups 7–8 years and 10–11 years.

Audiology testing is done on a selective basis by a medical officer.

At secondary schools, the third year pupils have a routine survey and vision testing, with colour vision testing for boys. As at primary schools, handicapped pupils are reinspected regularly, and special inspections with vision and hearing tests are performed when requested.

The tables at the end of the report give the figures of medical inspections.

Speech Therapy.

During 1969 two full-time therapists were engaged in the speech therapy service and also a part-time therapist continued to work two weekly sessions for the first four months of the year. This improvement in staffing permitted a better development of the work, allowing for more children to be helped, and also making it possible to devote greater time to those with severer types of speech difficulties. That there is, or appears to be, an increase in the number of children with severe speech and language disorders is curious and interesting, and is probably borne out by speech therapists in other areas than West Suffolk.

The demand for speech therapy continues to increase generally, partly due of course to the densening of the population in certain areas, but partly also because of an increasing awareness of what the service has to offer in the way of guidance, and where needed treatment. The word "treatment" is somewhat misleading, as a therapist uses techniques more akin to educational than medical skills, it is nevertheless difficult to think of a suitable word to replace it.

During the year 257 school children were seen by the therapist of whom 68 were discharged.

Heaf Testing and B.C.G. Vaccination.

Heaf testing was offered, as before, for pupils in the year of their fourteenth birthday, with B.C.G. vaccination for those found Heaf negative. The strongly Heaf positive reactors of the third and fourth degree were given a chest x-ray, but none had active tuberculosis. The following table does not include Heaf positive reactors who had earlier B.C.G. vaccination.

YEAR BORN	NUMBER TESTED	POSITIVE 1 & 2	POSITIVE 3 & 4	% OF POSITIVE REACTORS WHERE STATISTICALLY SIGNIFICANT
1951	1	0	0	—
1952	10	1	1	—
1953	57	8	1	—
1954	505	22	4	5.1
1955	948	38	16	5.7
1956	6	0	0	—
TOTAL	1,527	69	22	6.0

Verminous Children.

The number of inspections for head lice was increased, with repeated reinspections at schools where verminous children were found. In 1969 the nurses found 94 children with head lice or nits, and carried out 7,869 inspections. There has been a national increase in scabies, and some local children were affected.

SCHOOL PSYCHOLOGICAL SERVICE

In 1969, the work of the School Psychological Service continued much as reported in previous years but increasing in volume at least in direct proportion to the rise in population. This report therefore, deals briefly with routine matters, turning thereafter to emphasise aspects of particular interest.

In the Educational Guidance Centres, the work of helping children (and whole families) increased, particularly in Haverhill, Bury St. Edmunds and Sudbury. More special classes were set up as needed in primary and secondary schools while the In-Service Training schemes for the teachers of these classes was revised to give more attention to the newer recruits, the professional standard of whom continued to be high. It was pleasing to see some teachers of special classes obtain promotion.

The Educational Psychologists and Remedial Advisory Teachers continued to help children with learning and behaviour difficulties in schools, their work being assisted by that of the Social Workers who had to add continually to the list of families who were visited regularly. Once again a Social Work Student from Ipswich Civic College spent two months in training with the Social Workers.

The work of the Remedial Centre in Bury St. Edmunds was widened in scope as such varied activities as cookery, needlework and music-making were used as therapeutic aids to awaken the interest of disturbed and retarded children in the tasks of reading, writing and spelling.

The "Annual Camp" for children who would not otherwise have a holiday was held at Caister near Yarmouth and was most successful, thanks to the work of some members of the School Psychological Service and other volunteers. It is hoped that the Education Committee will continue its generous support of this venture so that it may become an annual fixture.

One item of particular interest in 1969 was the recruitment of a Remedial Teacher who had previously been employed at the Word Blind Centre in London and who was therefore, an expert in the treatment of dyslexia. Dyslexia or so-called "word blindness" has been a contentious subject. It can be described simply as a more or less severe difficulty in reading (and sometimes in writing and spelling) often running in families, and of obscure causation which does not seem to be caused by lack of intelligence, poor health, anxiety, change of school, adverse home conditions or any of the more usual causes of failure to learn. Thus a child can be as bright as a button, in good health and free from care and with every advantage of good home and school and yet still experience profound difficulty in learning to read or write the simplest words. Such a child may be dyslexic and will need special and perhaps individual teaching. Happily, severe cases are rare but many children have been found with minor learning difficulties who, with help, can do better at school. Many are really bright children with average or even below average standard of literacy but who can be helped to realise their true potential.

Another aspect of special interest was the work of the Teacher/Social Workers. People experienced and preferably trained as both teachers and social workers are both rare and valuable. They are in a unique position to understand the problems of both home and school bringing both sides closer together. In 1969 the School Psychological Service was fortunate in having two excellent Teacher/Social Workers in succession. Recent researches have shown that schools need to know much more about home problems and the reverse is equally true; home and school now work together closer than before and much has been learnt about the effect of environment on the growth of intelligence. Parents are now keenly aware of the value of good education. The Teacher/Social Workers have often helped to keep home/school relations on the right note, and the School Psychological Service has benefited from the services of specialist social workers who have also served as teachers. The team's Psychiatric Social Workers have also continued to give their usual excellent service.

Lastly should be mentioned the growing interest in educational guidance. Schools get bigger, education courses more varied and careers demand ever more complex qualifications. The School Psychological Service has always taken a serious interest in helping parents and teachers plot a good course for each child's education and, as comprehensive re-organisation has drawn nearer, ever more thought has been given to how best sound educational and careers advice can be given.

The Educational Psychologists and Remedial Teachers continued to assist in general teacher training and in giving lectures to various groups in and out of the county. They also benefited from attending various courses and conferences of professional interest, thanks to the generous support of the Education Committee.

Once again, it is pleasing to report that cordial and harmonious relationships have continued with all other social work agencies.

HANDICAPPED PUPILS

The following table shows the number of handicapped pupils at, or awaiting vacancies, at special schools or hostels:—

	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech Defects	TOTAL
At special schools or hostels	3	1	9	1	3	6	30	27	3	—	83
At independent schools ..	—	—	1	—	—	—	2	—	—	—	3
Awaiting admission to special schools or hostels ..	—	—	—	—	1	—	10	3	—	—	14
TOTAL ..	3	1	10	1	4	6	42	30	3	—	100

Deaf and Partially Hearing Children.

The above table does not include the 16 children who were attending the unit for partially hearing children in Bury St. Edmunds.

A purpose built unit attached to the new Westgate Primary School was opened in September, 1969. This contains an infant and a junior classroom with loops, which is a means of transmitting sound by radio direct to the children's hearing aids, from the teachers microphone. There is a fixed group hearing aid in the junior classroom, and also an individual tuition room containing battery powered equipment. The assembly hall of the main school building also has a loop, with the teacher using a radio microphone.

Two teachers of children with impaired hearing employed in the unit and on peripatetic work, with a part-time teacher as an assistant.

The unit at Sextons Manor Primary School in the mobile classroom was therefore closed at the end of summer term. The close co-operation of the headmaster and staff at this school in integrating the children will be gratefully remembered.

Physically Handicapped Children.

Thirty seven children with some defect were at ordinary school. An increasing number of children with spina bifida cystica are surviving into school life, due to the advances in surgical and medical care. Two older children with this condition are at special school. In 1968 one child was admitted to a primary school, and in 1969 two such children were placed on trial in infant class. Six pre-school children were also known in West Suffolk. It is hoped that some of the less severely handicapped children with this condition can be successful at ordinary school.

Delicate Children.

Twenty nine children were under observation at ordinary schools for a variety of conditions such as heart defects, diabetes mellitus and haemophilia B. The large number of children with asthma have not been included in this figure.

Epileptic Children.

Forty one children were under medication at ordinary schools.

Maladjusted Children.

As in previous years, the child psychiatrist and his team from the Institute of Family Psychiatry had out-patient sessions at hospitals in Bury St. Edmunds and Sudbury. One hundred and eight children attended.

Educationally Subnormal Children.

The special class system in ordinary schools has increased with the greater school population, and some 4% of children are still so placed.

Education in Hospitals.

Ninety seven children received education for varying periods in hospital.

Education at Home.

Twelve children were taught at home during the year, of which ten were suffering from physical defects. One child was autistic, and one had encephalitis following measles.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The school dental service has again been beset with staffing difficulties. In July 1969 one of the whole-time dental officers resigned to take up a more senior appointment with another authority. It has not so far been possible to find a suitable replacement.

Although the number of children inspected was the same as in the previous year, the number treated fell to less than 2,000 with a corresponding reduction in the amount of treatment carried out.

The first objective of the school health service should be prevention but in times of staff shortage the dental officer finds himself in difficulties. With so many children requiring treatment it is not easy to decide how much of one's time should be given to dental health education.

Unfortunately at the time of writing there is no improvement to be reported.

HEALTH EDUCATION IN SCHOOLS

Six week courses in health education were undertaken at infant and junior schools, and a full year's course was organised for two secondary schools. Health education has now been incorporated into the syllabus at these schools. Apart from complete courses arranged, six secondary schools held short end of term courses of three to five days duration; eleven secondary/grammar schools had single talks on "The Dangers of Drug Abuse". and six junior schools had a film show, demonstrating the practise of artificial resuscitation.

Posters and leaflets are distributed. Loans of models, charts and flannelgraphs, to introduce, or follow up television programmes, have been arranged — transport being organised through the education department or by school staff.

SWIMMING BATHS

The number of pools has continued to increase, and there are now six at secondary schools and eighteen at primary schools. Advice was given to the schools, and there were no serious medical problems.

TABLE I

**SELECTIVE MEDICAL INSPECTIONS OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS**

Age Groups inspected (by years of birth)	No. of Pupils selected	Pupils found to require treatment, including those already under such treatment		
		For defective vision (excluding squint)	For any other conditions	Total individual pupils
1965 and later)	—	—	—	—
1964	70	4	27	31
1963	—	—	—	—
1962	—	—	—	—
1961	—	—	—	—
1960	—	—	—	—
1959	—	—	—	—
1958	—	—	—	—
1957			—	
1956				
1955	928	113	42	153
1954 and earlier ..	551	94	33	127
TOTAL	1,549	211	102	311

TABLE II

OTHER INSPECTIONS

Number of Special Inspections ..	551
Number of Re-inspections ..	1,067
TOTAL ..	<u>1,618</u>

TABLE III

RETURN OF DEFECTS FOUND AT SPECIAL INSPECTIONS
(including defects already under treatment or observation)

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	No. of Defects	
	Requiring treatment	Requiring observation only
Skin	10	3
Eyes—Vision	74	28
Squint	8	5
Other	2	2
Ears—Hearing	18	55
Otitis Media	—	—
Other	1	—
Nose and Throat	6	1
Speech	36	26
Lymphatic Glands	—	—
Heart	8	2
Lungs	16	2
Developmental—Hernia	—	—
Other	2	—
Orthopaedic—Posture	—	—
Feet	3	—
Other	9	3
Nervous System—Epilepsy	5	1
Other	9	4
Psychological—Development	14	13
Stability	23	12
Abdomen	1	—
Other	6	1

TABLE IV
DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's dental officers —					
(a)	At Periodic Inspections	..	..	..	14,047
(b)	As Specials	..	..	..	196
				Total	<u>14,243</u>
(2)	Numbers offered treatment	..	..	..	4,359
(3)	Number actually treated	..	..	..	1,965
(4)	Attendances made by pupils for treatment		..	..	4,727
(5)	Half-days devoted to: Inspection	..	..	..	135
	Treatment	..	..	..	1,007
				Total	<u>1,142</u>
(6)	Fillings — Permanent teeth	..	..	..	2,543
	Temporary teeth	..	..	..	1,724
				Total	<u>4,267</u>
(7)	Extractions — Permanent teeth	..	..	..	104
	Temporary teeth	..	..	..	545
				Total	<u>649</u>
(8)	Administration of General Anaesthetics	..	..	..	111
(9)	Orthodontics: (a) Cases commenced during year		..	..	9
	(b) Cases completed during year		..	..	1
	(c) Cases brought forward	..	..	..	6
	(d) Cases discontinued	..	..	..	2
	(e) Appliances fitted..	..	..	..	13
(10)	Number of dentures fitted	..	..	..	3

